

Universal 911 Dialing- First Transition Report

Please read instructions before completing

Section 1

Carrier Identification Information

Parent Company Name
Alaska Communications Systems Holding Company, Inc.

Service Provider Name
ACS Wireless, Inc.

Company Address, City, State, Zip

600 Telephone Avenue
Anchorage, Alaska 99503-6091

Service Provider Type ☒ Wireless ☐ Wireline

Name(s) of Wireless License Holder(s)

ACS Wireless License Sub, Inc.

Contact Name
Jill Hume, Manager, Tariff Production

Contact Tel #
(907) 297-3134

Fax #
(907) 564-8487

E-mail Address
jhume@acsalaska.com

Section 2

Local Area 911 Implementation

List all individual local areas covered by this report (e.g., Lee County, Virginia):

MSA

1. Anchorage
2. Seward
3. Homer
4. Soldotna

RSA 1

5. Fairbanks
6. Badami
7. Barrow

RSA 3

8. Juneau
9. Sitka
10. Ketchikan
11. Thorne Bay
12. Craig

<p>(a) For each area listed above, identify the emergency response point to which 911 calls will be routed.</p> <p>MSA</p> <ol style="list-style-type: none"> 1. Anchorage - 911 2. Seward - 911 3. Homer - 911 4. Soldotna - 911 <p>RSA 1</p> <ol style="list-style-type: none"> 5. Fairbanks - 911 6. Badami - 911, safety officer we modify to 659-5300 7. Barrow - 911 <p>RSA 3</p> <ol style="list-style-type: none"> 8. Juneau - 911 9. Sitka - 911 10. Ketchikan - 911 we modify to 223-9111 11. Thorne Bay - 911, safety officer, we modify to 828-3399 12. Craig - 911 safety officer, we modify to 826-3903
<p>(b) For each area listed above, provide details of the carrier's progress in completing translation and other work necessary to route 911 calls to the identified emergency response point.</p> <p>Completed. All service areas are currently set for 3 digit dialing to 911.</p>
<p>(c) For each area listed above, provide the date or projected date that transition to the 911 abbreviated dialing code will be completed.</p> <p>Completed. All service areas are currently set for 3 digit dialing to 911.</p>
<p>Section 3 911 Implementation Problems</p>
<p>(a) Describe any problems the reporting carrier has encountered in identifying 911 number call routing points. Describe any other operational problems carrier has experienced during the initial transition stages.</p> <p>None</p>
<p>(b) Where the reporting carrier has experienced 911 implementation problems, describe any efforts the carrier has made to coordinate with public safety agencies and state and local authorities.</p> <p>N/A</p>

Section 4**Certification - To be signed by an authorized representative of the reporting entity**

- ☐ I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and accurate statements of the affairs of the above-named company.
- ☒ I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and that the reporting entity has completed the steps necessary to properly route 911 emergency calls in the localities covered by the report as of April 1, 2001.

Signature

Michael Bowman

Printed name of authorized representative

Michael Bowman

Title Vice President, Operations

Date March 11, 2002

This filing is:

☒ original filing☐ revised filing

PERSONS MAKING WILLFULL FALSE STATEMENTS IN THIS DOCUMENT CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001.